

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
8:30 a.m. on Thursday, February 10, 2011**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, February 10, 2011, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Rich Leclerc, Chair, Sandra DelSesto, Mark Fields, James Gillen, Bruce Long, Peter Mendoza, Neil Corkery, Reed Cosper and Elizabeth Earls.

Ex-Officio Members Present: Frank Pace, Department of Children, Youth and Families (DCYF); Denise Achin and Alice Woods, Department of Education; Sharon Kernan, Department of Human Services (DHS), Craig Stenning and Charles Williams, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Guests: Kathy Carty, Vivian Weisman, Alli Frasco, and Lisa Lunt

Staff: James Dealy and Lisa Stevens

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:50 a.m. After introductions were conducted, Richard Leclerc entertained a motion to accept the minutes of January 11, 2011. Elizabeth Earls motioned to accept the minutes. The motion was seconded by Bruce Long. Richard Leclerc called for a vote to approve the minutes, all were in favor and the minutes were approved as written.

**Transitional Youth:** Denise Achin reported. This subcommittee has a scheduled meeting on February 18, 2011 where Liz Earls will be presenting. Meetings had been scheduled bimonthly and are changing to monthly as they wrap things up.

**ROSC:** Sandra DelSesto reported. There will be a providers heading up recovery efforts in Rhode Island on March 1<sup>st</sup> at the Anchor Recovery Center. One of the agenda items would be to invite new members to rejuvenate this committee. The plan that BHDDH accepted is to be implemented although some revisions may be made. Liz Earls mentioned that, as Director Stenning commented in the last meeting, the TTI committee may be combined with ROSC.

**Mother's in Recovery video presentation:** Kathy Carty (*Attachment I*) – The purpose of the presentation is to illuminate the path that mothers in recovery travel and determine what can be done to build the bridges among agencies for recovery. Interviews were held and focus groups were established to obtain this information. It addresses addiction and mental health and the effects it has on their children. It also addresses the issues of a mother's loss of health insurance after children are put into DCYF care. The video was made to educate people on how departments, schools etc can help lead a person to recovery services.

Rich mentioned that women in recovery with their children in DCYF care will soon be allowed to keep their insurance while they are actively in treatment.

Craig stated that, if anyone needs information on recovery services, they should call this department (BHDDH). Help with accessing residential, intensive outpatient and outpatient care can also be coordinated through BHDDH.

**Updates from BHDDH:** Craig Stenning presented. A new budget process has been put in place by the Secretary of OHHS. The new budget document will be submitted within the next two weeks and the previous ones have been put aside. The easiest way to describe this is as “zero based” budgeting, recreating a budget for the Department. The governor will be submitting his budget to the General Assembly on March 10<sup>th</sup>, therefore the Department’s budget is due the end of February. A significant new piece to the budget is the system in the National Healthcare Reform Act which creates Medicaid health homes. The eligibility definition includes individuals with serious mental illness. With the support of the Secretary and DHS, BHDDH will be creating a proposal for these Medicaid health homes.

Mark Fields asked about the status of ATR. Charles responded that it is now put in place and assessor agencies have been chosen and will be up and running shortly. There are many provider applications in process at this time as well.

Mark also asked about John Young’s participation in the Eleanor Slater Hospital since moving to OHHS. Craig responded that John continues to provide some level of service to ESH. He is involved in the hospital consolidation project, the budget process and the workgroup Project Sustainability.

**Updates from DCYF:** Frank Pace presented. He handed out a meeting summary report (*Attachment II*). He also reported that DCYF has extended contracts with 3 emergency shelters

He reported on three new rules. Legal Guardianship and Kinship Assistance will extend kinship guardianship to age 21 when there is severe, preexisting, physical, mental or emotional disability or physical condition unlikely to change.

The Educational Stability rule allows a child to remain in the school where he/she is enrolled at the time of their placement unless that is not in their best interest.

The Practice Standards rule for the treatment of DCYF youth who sexually abuse provides guidance to assist providers in the planning, implementation and evaluation of supports and services. It creates guidelines for the education and training staff working with these youths and provides DCYF oversight of providers.

Positive Educational Partnership has been implemented in 62 sites including early childhood and elementary schools. The attachment shows 16 programs now implementing the Positive Education Partnership program. Federal funding continues through September 30<sup>th</sup>. DCYF has received permission from SAMHSA to bill Medicaid for the wraparound work currently funded by the grant, so sustainability has been established for that level of service.

Residential placements have reduced from 2007 (1012 children) to 2010 (759 children). Within the challenges of the budget deficits, DCYF is working creatively to keep children out of DCYF custody and residential.

**Updates from DHS:** Sharon Kernan presented. DHS is working on budget issues as well, trying to avoid sacrificing services.

The Community of Care initiative is moving forward. This is an initiative to try to help stem the increasing the number of people going to the emergency room for non urgent care. The target group

for this initiative is Medicaid recipients who have used the emergency department 4 or more times in the previous 12 month period. This initiative has started for RItCare and Rhody Health Partners and will be starting for the Connect Care Choice population later this month. The main addition for the Connect Care Choice population will be the ability to work with peer navigators who can help these individuals decide if there is something else they need in lieu of an emergency room visit.

The initiative to allow parents whose children go into DCYF custody to keep their insurance for some period of time is still a top priority with DHS, which is hoping it will be launched in the spring.

**Draft Annual Governor's Council Report:** Rich asked for reactions/recommendations of the draft of the annual report (*Attachment II*). Vivian requested that the plan description on page 6 be more specific as it pertains to Trauma-Informed Care and Services with regard to veterans.

Sandra requested that the language on page 5 Integration of Mental Health and Primary Care & Plans to Address Integration of Behavioral Health and Primary Care be more consistent.

Liz noticed that on page 5 under Plans to Address Support for a Recovery-Oriented System of Care including Peer-Oriented Service Delivery in the last paragraph TTI need to say what that stands for.

No other suggestions were made and Charles Williams will work with Jim Dealy to complete the changes for another review.

**Old/New Business:** Rich mentioned that he is in the process of submitting names to the governor's office for appointment to this council. He has asked that if there are any recommendations to let him know. Recommendations will have to be consistent with the federal/state quota. Sandra asked if someone from a state college had to be considered a state employee. Jim said he'd research that.

The Federal Block Grant monitoring visit is slated for July 27<sup>th</sup>. The July Governor's Council meeting date will have to be changed to accommodate it.

Upon motion made and seconded, the meeting adjourned at 10:15 a.m. The next meeting of the Council is scheduled for **Tuesday, March 8, 2011 at 1:00 p.m. in Barry Hall room 126.**

Minutes respectfully recorded and written by:

Lisa Stevens  
Secretary, Governor's Council on Behavioral Health

Attachment I – Overcoming obstacles to recovery – Perspectives from mothers and children  
Attachment II – DCYF meeting report  
Attachment III – Draft Governor's Council Annual Report to Governor